

of speech lasted only twenty-four hours, the power of speech returning suddenly on the following day. But he remained deaf—at least in the left ear. Moreover, he was completely insensible on the whole of the left side of the body. He did not feel pinching on the left side, nor in the front, nor on the tongue, nor on the face. The whole of the right side, on the contrary, was the seat of extreme sensitiveness. The point of the tongue deviated slightly to the right. In a word, as regarded the phenomena of sensation, this man's body was divided into two halves by a definite line, as is seen in certain hysterical women. Neither vision nor smell was disturbed on the left side. The left eye distinguished colours as well as the right eye, and the left nostril received odours as well as the right. M. Ball concluded that the lesion was not organic but functional. He did not venture to adopt the word hysterical hemianæsthesia, which seemed to him too vague, as he believed these troubles of sensation to be the result of a nervous ischæmia. Such was not, however, the opinion of M. Magnan, who held that the characteristics of the affection were in truth those of hysterical hemianæsthesia. Metallotherapy was employed twice on this singular patient, a piece of gold being applied to his tongue for ten minutes; but no change was produced in the state of the general sensation.—*British Med. Journal*, June 21, 1879.

---

*Undescribed Cause of Reflex Vertigo.*

The following case is given by Dr. ERLÉNMEYER, in Nos. 44 and 45 of the *Deutsche Medicinische Wochenschrift* for 1878. The patient, a man aged 31, was suffering from stricture of the urethra, owing to gonorrhœa. For some years past, he had been subject to peculiar disturbances, which came on in the form of paroxysms. First, the left arm became stiff and heavy; then the left foot and the right arm (the right leg always remained free), the patient feeling as if his limbs were filled with lead. He never lost consciousness, but felt giddy, and had a strong tendency to fall to the left. This sensation of giddiness was also experienced whenever the patient would attempt to micturate, the limbs remaining free at such times. He complained of a continuous feeling of pressure on the forehead; had a gastric catarrh; the tendon reflex was much increased. Nothing abnormal could be detected in either his eyes or ears. Thinking that his central nervous system might be affected, he was first treated with nitrate of silver taken by the mouth, and enemata, and daily rubbed with cold water. Seeing that he derived no benefit from this treatment, the author next resorted to dilating the stricture of the urethra by means of bougies; and this time he succeeded in curing the patient. He describes this vertigo as *vertigo ab urethrâ læsâ*, but does not offer any explanation concerning the feeling of stiffness in the extremities.—*British Med. Journal*, June 14, 1879.

---

*Chorea, a Functional Disorder.*

At the recent meeting of the British Medical Association (*British Med. Journal*, Aug. 23, 1879) Dr. OCTAVIUS STURGES read a paper which was designed to show, from an examination of the ordinary phenomena of chorea, that the affection in its simple and uncomplicated form is not due to any lesion which is demonstrable anatomically; and that its symptoms are not otherwise to be explained than by reference to the general character of disturbed muscular movement, when the source of such disturbance is, directly or indirectly, a mental impression. This position it was sought to maintain by reference to (1) the age and sex of the patients; (2) the actual character and common associations of the affection; and (3) the modifications it undergoes at the various periods of life. The period of greatest motor activity is also the period when chorea is most frequent; the affec-

tion occurs to girls much more often than to boys; and as a general disturbance in young children, but as a local disturbance in those that are older. The limbs which chorea chiefly affects are the same which are chiefly concerned in intellectual uses, and which are on that account the most likely to suffer disturbance under mental excitement or over-strain. The frequent concern of the hands in the chorea of school-children, and the almost invariable participation of the face in the elder and self-conscious patients, were quoted among the facts admitting no other explanation. A similar transmutation of mental into motor disorder is to be met with, for example, in the hysteric fit, from emotion being exchanged at the height of the fit for pure spasm; also in children, who, in the most active bodily exercise, are the nearest to emotion, and whose emotion is readily dispelled by bodily movement. In chorea, there is in fact a most intimate alliance of mental and bodily disorder, and this alliance becomes more and more conspicuous as life goes on—the chorea of childhood gradually blending with emotion as womanhood is approached. Chorea, unlike the over-movement of emotion, does not disappear when its cause is removed. This was explained by considering that the purposive movements are as yet defective and half learnt, and in need of care and direct attention. A disturbance of the kind supposed throws the child back to its early and untrained condition, and especially as regards the higher movements. At the same time, the efforts of the child to maintain stillness, and the extra observation it receives, contribute still further to the choreic restlessness. The common course and progress of chorea at various ages were next discussed; its tediousness, but almost certain recovery, in childhood; its severity at the time of puberty; and the fact that, when seen in its then modified form, in adult life, it is commonly an incurable affection, were referred to as indicating the analogy between chorea and all other motor disorders of a functional kind; the child finding the cure for its over-movement in the gradual strengthening of a control which comes with its development; the growing girl, at the time of puberty, having her disorder for the while increased by the mental exaltation of the time; while the adult, in the rare event of his reaching maturity without finding alleviation, has no reserve of hope in the future, like the others, but keeps his disorder for life. An apparent exception to this rule was quoted as being, in fact, an illustration of it. The adults who recover from chorea are pregnant women, and these becoming liable to the affection, owing to the nervous instability of the gestation period, retain it only so long as this condition lasts. Other points were enumerated, exhibiting chorea in the light of a functional disorder; such as the occasionally contagious character of the affection; the connection between the particular cause of the chorea and the limb which is made choreic; the changeful character of the disorder, whenever the patient is openly observed, or bidden to increase or to control particular movements; the fact that the choreic body will sometimes, though rarely, suddenly right itself, and the affection all at once disappear; the frequent recurrence of chorea to the same child in the same form, with no permanent damage, no actual illness; the almost certainty of ultimate recovery; and, from first to last, not one of the symptoms which we are in the habit of calling cerebral. In conclusion, the common objections to the functional view of chorea were alluded to. The author denied the asserted intimacy of connection between chorea and rheumatism. He admitted, however, that a severe form of chronic spasm (originally described by Addison), at first resembling chorea, but accompanied by delirium and pyrexia, and often rapidly fatal, has its direct origin in acute rheumatism. The connection is here (presumably in some cases and demonstrably in others) by way of embolism. This affection, however, is extremely rare; it occurs to young persons rather than to little children, and only at the beginning does it resemble chorea. A further objection to the functional

view is that founded upon the evidence of those comparatively rare cases where chorea occurs along with other affections plainly indicative of cerebral lesion. The *post-mortem* appearances found in such cases are, however, not to be attributed to the chorea so much as to the whole group of clinical phenomena taken together. Chorea is most often seen by itself, and, so occurring, no anatomical lesion can be ascribed to it. At the same time, pathological accidents, such as embolism or thrombosis, may, in predisposed persons, cause the early appearance of choreic movement. The author alluded to other exceptional cases; those, for example, when chorea spreads from the arm to the corresponding leg; or where one-sided chorea becomes one-sided spasm or hemiplegia; or where a lingering chorea, gradually increasing in violence as the child's health fails, contrary to the rule, is at last fatal from exhaustion. Such cases, he believed, compel the admission that the purely functional disorders may, in rare instances, eventually give rise to a central change, by reason of which not only does the disorder spread to other muscles dependent on the same centre, but what was at first mere muscular restlessness (or chorea) becomes converted into a real and abiding convulsion. With the presumed structural change, the symptoms here come to resemble those which depend upon various "irritative lesions" of the brain. Speaking, lastly, of the association between fatal chorea and recent endocarditis, as offering another difficulty in the way of accepting the purely functional theory, the author admitted that this concurrence is a well-established fact of pathology. It was argued, however, that the endocarditis (whose common mode of recurrence is described) is the consequence, and not the cause, of chorea; that heart-disturbance is often absent from first to last; and that the frequency of endocarditis in fatal cases does not represent its frequency upon the whole. Chorea must be accounted for independently of endocarditis, which latter, however occasioned, is not at any period of life one of its essential factors.

---

*Hypodermic Use of Fowler's Solution in Chorea.*

Dr. PERROUD, Lecturer on Diseases of Children in the Lyons Faculty, has treated (*Rev. Méd.* July 19) cases of chorea, since 1875, by hypodermic injections of arsenic, and M. Gavin in a recent thesis gives an account of thirty-three of the cases so treated. Four or five drops of pure Fowler's solution are injected by means of a Pravaz syringe, the region chosen being that where the cellular tissue is least dense and the nervous filaments are fewest. Generally an injection is practised every second or third day. All the cases were females aged from six months to fourteen years, and among them were examples of all the forms of chorea. This method is stated to be preferable, because it avoids all gastric disturbance, and the cure is generally obtained more rapidly while the dose is very small. There is little or no local irritation induced; but in some cases intolerance of arsenic occurs, although this is rare in children. As a general rule, rapid amelioration occurs, flesh being at the same time gained, while the solid matters secreted by the kidneys diminish. In sixteen of the cases the chorea was cured after a mean duration of thirty-two days of treatment, about eighteen injections having been employed. Of thirteen others submitted to these injections, but to various other modes of treatment as well, ten recovered, a longer period, however, being required. These thirteen cases were almost all of them old or relapsed choreas, so that, contrary to the assertions of Aran, Ziemssen, and others, arsenic seems to succeed better in recent and simple than in old and inveterate cases.—*Med. Times and Gaz.*, Aug. 23, 1879.